Unde	r the Paperwork	Reduction Act of 1	ATION FI	ヒヒ レヒIヒド	d to respond to	a collection of info	ormation unles	Application	PARTMENT OF s a valid OMB co	ntrol number.
Substitute for Form PTO-875  CLAIMS AS FILED – PART I (Column 1) (Column 2) SMALL EN							ENTITY	OR	OTHER SMALL E	
	(OCCURRY)					RATE	FEE		RATE	FEE
ASIC FEE					s	OR		s		
OTAL	R 1.16(a)) CLAIMS		minus 20 =					OR	x \$=	
NDEP	R 1.16(c)) ENDENT CLAIM					x \$=		OR	x \$=	
37 CFR 1.16(b)) minus 3 = 1					+ s =		OR	+s =	-	
		IT CLAIM PRESENT		CFR 1.16(d))			<u> </u>	OR	TOTAL	
If the	difference in $lpha$	olumn 1 is less than	n zero, enter	"0" in column 2.		TOTAL	L	J UK	TOTAL [	
	CL	AIMS AS AME	NDED -	PART II					OTHER	TUAN
	(Column 1) (Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL	
		(Column 1) CLAIMS		HIGHEST	PRESENT	RATE	ADDI-		RATE	ADDI-
۲		REMAINING AFTER	· P	NUMBER REVIOUSLY	EXTRA	TORIL	TIONAL FEE			TIONAL FEE_
影	Total	AMENDMENT	Minus *	PAID FOR	7)	x \$ =		OR	x \$= ^	
$\omega_{\rm L}$	(37 CFR 1.16(c)) Independent	· 11	Minus *	- 5	= /	x \$ =	1	OR	x \$=	
삙	(37 CFR 1.16(b))	4			-(	^-	<del>  /</del>	OR	+5 =	/
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))			R 1.18(d))	+ \$= TOTAL	-	1	TOTAL	/	
						ADD'L FEE		OR	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			7		<u> </u>
Z B F		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- JIONAL FEE		RATE	ADDI- TIONAL FEE
W	Total	*	Minus	•	=	x s=		OR	x s=	
ENDMENT	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))		Minus	•••	=	X \$=	2	JoR	X S=	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s =		OR	+ \$=	<u> </u>
	FIRST PRESEN	TATION OF MOCIFE	E OCI LITOLI	(		TOTAL ADD'L FEE	`	OR	TOTAL ADD'L FEE	
			•			AUDEFEL	<u></u>			
		(Column 1)		(Column 2)	(Column 3)		1	7		4001
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (97 CFR 1.18(4))	- American	Minus	••	=	x 5=		OR	x \$=	
ON	(37 CFR 1.18(5)) Independent (37 CFR 1.16(b))	<del> </del>	Minus	***	=	x \$=		OR	x \$=	<del> </del>
AMENDMENT	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$=	-	OR	+ \$=	<del> </del>
						TOTAL ADD'L FEE	1	OR	ADD'L FEE	

\* if the entry in column 1 is less than the entry in column 2.

\* if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\* if the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

\*\* if the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.

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\*\* If the "Highest Number Previously Paid For In This Space In This Space In This Space In This Space In Thi

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

amdt filed 7-15-04

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